

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90003 006 ***158.75

DOCUMENT # **P99000066851**

1. Entity Name

SAND RIDGE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1225 N.W. AVENUE L
BELLE GLADE FL 33430

1225 N.W. AVENUE L
BELLE GLADE FL 33430-1719

(PLEASE ADD TO OUR PHYSICAL & MAILING ADDRESS:)
SUITE 103

B0021145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1225 NW AVENUE L
Suite, Apt. #, etc.
SUITE 103

3. Mailing Address

1225 NW AVENUE L
Suite, Apt. #, etc.
SUITE 103

City & State

BELLE GLADE, FL

City & State

BELLE GLADE, FL

4. FEI Number

65-0941965

Applied For

Not Applicable

Zip

33430

Country

PALM BEACH

Zip

33430

Country

PALM BEACH

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPP, H. LARUE
1225 N.W. AVENUE L
BELLE GLADE FL 33430

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

1225 NW AVENUE L, SUITE 103

City

SAME

FL

Zip Code

SAME

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D TRIPP, H. LARUE 1225 N.W. AVENUE L BELLE GLADE FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D TRIPP, DARRYL D 1225 N.W. AVENUE L BELLE GLADE FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

561-996-2302

Daytime Phone #

CR2E034 (9/99)